FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SEC Mail Processing Section

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

AUG 12 2008 UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC

OMB APPROVAL OMB Number:.....3235-0076 Expires: August 31, 2008 Estimated average burden hours per form16.00 SEC USE ONLY **Prefix** Serial **DATE RECEIVED** ١

Name of Offering	(☐ check if this is an an	nendment and name	has changed, and i	ndicate change.)			
Limited partnership	interests of CashPlus F	und, L.P				_	
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	☐ Sec	tion 4(6)	ULOE
Type of Filing:	☐ New Filing						
		A. BASIC	DENTIFICAT	ION DATA			
1. Enter the inform	nation requested about the	issuer					
Name of Issuer	check if this is an am	:=	as changed, and in	dicate change.		radioologisti RA	057969
CashPlus Fund, L.I	. (formerly known as No	rcom Capital CashP	lus Fund, L.P.)				
Address of Executive	e Offices		(Number and Stree	et, City, State, Zip Co			mber (Including Area Code)
c/o NorCap Manago	ement, L.P., Two Lincoln	Center, 5420 LBJ Fr	eeway, Suite 525,	Dallas TX 75240	(97	2) 701-881	5
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	de) Tele	ephone Nu	mber (Including Area Code)
(if different from Exe	cutive Offices)						PROCESSED
Brief Description of I	Business: Private Inv	estment Company	·		-		
				-			AUG 1 9 2008
Type of Business Or	ganization						
	corporation	🖾 limited p	artnership, already	formed	other	(please sp	HOMSON REUTERS
	business trust	☐ limited p	artnership, to be fo	med			
		F	Month	Yea			
Actual or Estimated	Date of Incorporation or Or	ganization:	0 2	0	6	Act Act	ual
Jurisdiction of Incom	oration or Organization: (E	Enter two-letter U.S. P	Postal Service Abbr	eviation for State;			
		CI	N for Canada; FN fo	r other foreign jurisd	ction)	D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IE	DENTIFICATION DATA	Α	
 Each beneficial owr Each executive office 	ne issuer, if the iss ner having the pow cer and director of	suer has been organized wit wer to vote or dispose, or dir			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	NorCap Management	t, L.P.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le): Two Lincoln Cente	er, 5420 LBJ Free	way, Suite 525, Dallas TX 75240
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	☐ Investment Manager
Full Name (Last name first, i	f individual):	Norcom, David R.			
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	le): c/o NorCap Manag	jement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Fuli Name (Last name first, i	f individual):	Baggett, Carl Y.			
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	le): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Annandale Partners I	II, L.P.		
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	e): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Millennium Trust Co.	, LLC, custodian FBO Dav	id R. Norcom SEI	P IRA
Business or Residence Addr Suite 525, Dallas TX 75240		Street, City, State, Zip Cod	le): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	John Cracken Charite	able Remainder Trust		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	c/o NorCap Managem	nent, L.P., Two Lincoln Cer	nter, 5420 LBJ Fr	eeway, Suite 525, Dallas TX 75240
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	Θ):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

•	•													
	_				(Use bl	ank sheet,	or copy a	nd use add	ditional cor	oies of this	sheet, as	necessary	')	-
B. INFORMATION ABOUT OFFERING														
1.	Has the is	suer	sold, or o	does the is	suer inten			edited inve sendix, Co					☐ Yes 🏻	No
2.	What is th	im e	nimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$1,000	•
								•	General f	artner ma	y accept i	nvestment	s in a lesser amo	ount at its discretion
3.	Does the	fferi	ing permi	t joint own	ership of a	single uni	t?	***************************************	•••••••	***************************************	•••••••		Yes □] No
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)													
Full (Name (Las	t nar	me first, if	individual)									
Busi	ness or Re	side	nce Addr	ess (Numb	er and St	eet, City, S	State, Zip	Code)						
Nam	e of Assoc	atec	d Broker o	or Dealer		-								
						tends to So		nasers						☐ All States
	L) [A	K]	☐ [AZ]	☐ [AR]	CA]	☐ [CO]		□ [DE]	□ [DC]	□ [FL]	□ [GA]	[HI]	[Oi]	
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Full !	lame (Las	nar	me first, if	individual)									
Busir	ess or Re	sider	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				-		
Nam	of Assoc	atec	Broker o	or Dealer						-				
				d Has Soli neck individ		tends to So	olicit Purch	nasers			•		-	☐ All States
□ (A			☐ [AZ]	☐ [AR]		☐ [CO]	□ (CT)	□ (DE)	□ [DC]	□ (FL)	☐ [GA]	[HI]	□ [ID]	
	(I]	[IA]	☐ [KS]	[KY]	☐ [LA]	[ME]	[MD]	☐ [MA]	[MI]	[MN]	[MS]	[MO]	
□ [N	IT) [[Ν	E)	□ [NV]	□ (NH)	□ [NJ]		□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [F	i) 🗆 (s	C]	[SD]	[\tau [\tau N]	□ (TX)	[UT]		□ [VA]	□ [WA]	□ (wv)	[WI]	□ (WY)	□ (PR)	
Full N	lame (Las	nan	ne first, if	individual))									
Busir	ess or Re	ider	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip C	Code)	<u>.</u>	-				
Name	of Assoc	ated	Broker o	r Dealer									·	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ All States

□ [IN] □ [IA]

□ [RI]

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		<u>\$</u>	
	Equity	\$		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$	100,000,000	\$	7,463,818
	Other (Specify)	\$		\$	
	Total	\$	100,000,000	\$	7,463,818
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		9	\$	7,463,818
	Non-accredited Investors		N/A	\$	N/A
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	<u>\$</u>	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs		🗖	\$	
	Legal Fees	•••••	🛛	\$	5,820
	Accounting Fees	•••••	🗆	\$	
	Engineering Fees		🗆	\$	****
	Sales Commissions (specify finders' fees separately)		🗆	\$	
	Other Expenses (identify)	•	🗖	\$	
	Total		🛛	\$	5,820

	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 1 and total expenses shown. If the amount for any purpose is not known, furnish an asstimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 1 b., above. Payments to Officers, Directors & Payments to Officers, Directors & Payments to Others Salaries and fees					
\$	Question 1 and total expenses furnished in response to F	Part C-Question 4.a. This differ	ence is the		<u>\$</u>	99,994,180
5	used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The	any purpose is not known, furnis ne total of the payments listed m	ih an nust equal	Offic Direct	ers, ors &	Payments to Others
	Salaries and fees			\$	□	\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of mad	chinery and equipment		\$		\$
	Construction or leasing of plant buildings and facil	lities		\$		\$
	offering that may be used in exchange for the ass	ets or securities of another issu		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			<u>\$</u>	Ø	\$ 99,994,180
	Other (specify):	<u> </u>		\$		<u>\$</u>
				<u>\$</u>		<u>\$</u>
	Column Totals			\$	🛛	\$ 99,994,180
	Total payments Listed (column totals added)			Ø	\$ 99,994	,180
		D. FEDERAL SIGNAT	URE			
on	istitutes an undertaking by the issuer to furnish to the U.S.	Securities and Exchange Com	son. If this mission, up	notice is filed u con written requ	nder Rule 505, the est of its staff, the	following signature information furnished by
SSI	uer (Print or Type)	Signature,	$\overline{}$		Date	
Cas	shPlus Fund, L.P.	100			Augu	st 12, 2008
Ja:	me of Signer (Print or Type)	Title of Signer (Print or Type)				

Authorized person of NorCap Advisors, LLC the general partner of NorCap Management, L.P. its general partner $\,$

Carl Y. Baggett

ATTENTION

1.		presently subject to any of the disqualification	☐ Yes ⊠ No				
		See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertake	s to furnish to the state administrators, upon written rec	quest, information furnished by the issuer to offerees.				
4.	The undersigned issuer represents that th Exemption (ULOE) of the state in which th of establishing that these conditions have	e issuer is familiar with the conditions that must be sati is notice is filed and understands that the issuer claimi been satisfied.	isfied to be entitled to the Uniform limited Offering ng the availability of this exemption has the burden				
	suer has read this notification and knows the rized person.	contents to be true and has duly caused this notice to t	pe signed on its behalf by the undersigned duly				
	(Print or Ty Plus Fund, L.P.	Signature	Date August 12,2008				
Name	of Signer (Print or Type)	Title of Signer (Print or Type)	Title of Signer (Print or Type)				
Carl Y	'. Baggett	Authorized person of NorCap Advisors, I	LC the general partner of NorCap Management				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

L.P. its general partner

				AP	PENDIX			-		
1	2	2	3		<u></u>	4		5		
	Intend to non-ad investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY				-"					
NC									
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